

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 213384US2RD First Inventor or Application Identifier Yuichi Oh Title YOKE TYPE MAGNETIC HEAD AND MAGNETIC DISK UNIT
		Assignee Name: KABUSHIKI KAISHA TOSHIBA Assignee Address: 1-1, Shibaura 1-Chome, Minato-Ku, Tokyo, Japan
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p><input type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p><input type="checkbox"/> Specification Total Sheets 72</p> <p><input type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113) Total Sheets 43</p> <p><input type="checkbox"/> Oath or Declaration Total Pages 5</p> <p><input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p><input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification or Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>		ACCOMPANYING APPLICATION PARTS <p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (<i>when there is an assignee</i>)</p> <p>10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input type="checkbox"/> White Advance Serial No. Postcard</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (3) (<i>if foreign priority is claimed</i>)</p> <p>15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>16. <input type="checkbox"/> Other: Notice of Priority</p>
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.:</p> <p><i>Prior application information:</i> Examiner: Group Art Unit:</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		
<p>18. Amend the specification by inserting before the first line the sentence:</p> <p><input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on</p> <p><input type="checkbox"/> Which was published in English</p> <p><input type="checkbox"/> Which was not published in English</p> <p><input type="checkbox"/> This application claims priority of provisional application Serial No. Filed</p>		
<p>19. CORRESPONDENCE ADDRESS</p>  <p>22850 (703) 413-3000 FACSIMILE: (703) 413-2220</p>		

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Docket No. 213384US2RD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yuichi OHSAWA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: YOKE TYPE MAGNETIC HEAD AND MAGNETIC DISK UNIT

FEES TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	20 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	× \$80 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
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			BASIC FEE	\$710.00
			TOTAL OF ABOVE CALCULATIONS	\$710.00
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The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
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Respectfully Submitted,

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